

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County: Greene
Township: Roberson
or
Village: _____
or
City: _____ (NO. _____ St.: _____ Ward _____)

Registration District No. 324 File No. 41182
Primary Registration District No. 3249 Registered No. 26

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Gola Irene Joplin

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX: Female COLOR OR RACE: white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): _____

DATE OF DEATH: Oct. 14, 1911
(Month) (Day) (Year)

DATE OF BIRTH: Oct. 1, 1902
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 1911, to Oct. 14, 1911, that I last saw her alive on Oct, 1911, and that death occurred, on the date stated above, at 8:00 m.

AGE: 9 yrs. 7 mos. 13 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

The CAUSE OF DEATH* was as follows:
Dysphoid Fever

OCCUPATION (a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer): _____

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1117
1452/2

BIRTHPLACE (City or town, State or foreign country): Republic, Mo.

(Duration) _____ yrs. 1 mos. 17 ds.
Contributory (SECONDARY) St. Pneumonia

NAME OF FATHER: James B. Joplin

(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) J. B. Joplin M. D.

BIRTHPLACE OF FATHER (City or town, State or foreign country): Mt. Vernon, Ky.

(Address) Springfield

MAIDEN NAME OF MOTHER: Nicola Harris

*State the Disease Causing Death, or, in deaths from violent causes state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Rolla, Mo.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted if not at place of death? _____
Former or usual residence _____

(Informant) James B. Joplin
(ADDRESS) Clearfield, Mo.

PLACE OF BURIAL OR REMOVAL: Congress Cemetery DATE OF BURIAL: Oct 15 1911

Filed 42-10 1911

ADDRESS _____

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